

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. SAVOY CARE CENTER

Mailing Address P.O. BOX 515

City

MAMOU

State

LA

Zip Code

70554-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			02			2015			

Transaction ID : SA11.61

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ACADIAN AMBULANCE SERVICE, INC.

Mailing Address P.O. BOX 98000

City

LAFAYETTE

State

LA

Zip Code

70509-8000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

19574.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			05			2015			

Transaction ID : SA11.102

Amount of Each Receipt this Period

19574.86

IN KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DANE ANDREEFF

Mailing Address 140 E ST LUCIA LN

City

SANTA ROSA BEACH

State

FL

Zip Code

32459-7609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

MAPLE LEAF FUNDS

INVESTMENTS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			06			2015			

Transaction ID : SA11.64

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45574.86